



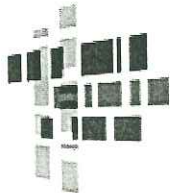
Lisa Wiegmann <lwiegmann@centralcougars.org>

YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443011954

1 message

CustomerSupport@usac.org <CustomerSupport@usac.org>
To: lwiegmann@centralcougars.org

Tue, Feb 12, 2019 at 7:04 AM



Universal Service
Administrative Co.

SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT As Of February 12, 2019

Attn: Lisa A Wiegmann
CENTRAL COMM HIGH SCH DIST 71

RE: FCC Form 498 ID 443011954

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR) payment for the following invoices.

Approved

2/11/2019 143028319 Illinois Century Network 1899019913 cougar-Wiegmann
Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice
Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail
Number:9482147;Amount Requested:900.00;Billed Date Outside of Funding
Year;285;

\$0.00

Refused
2-27-19

2/11/2019 143028319 Illinois Century Network 1899019913 cougar-Wiegmann
Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice
Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail
Number:9482148;Amount Requested:900.00;

\$900.00

2/11/2019 143028319 Illinois Century Network 1899019913 cougar-Wiegmann
Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice
Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail
Number:9482149;Amount Requested:900.00;

\$900.00

2/11/2019 143028319 Illinois Century Network 1899019913 cougar-Wiegmann
Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice
Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail
Number:9482150;Amount Requested:900.00;

\$900.00

2/11/2019 143028319 Illinois Century Network 1899019913 cougar-Wiegmann
Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice

\$900.00

Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail
Number:9482151;Amount Requested:900.00;

2/11/2019	143028319 Illinois Century Network 1899019913 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482152;Amount Requested:900.00;	\$900.00
2/11/2019	143028319 Illinois Century Network 1899019913 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907327;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482153;Amount Requested:900.00;	\$900.00
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482168;Amount Requested:367.05;Billed Date Outside of Funding Year;285;	\$0.00 <i>refiled 2-27-19</i>
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482170;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482171;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482172;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482173;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482174;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482175;Amount Requested:367.05;	\$367.05
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482176;Amount Requested:376.34;	\$376.34
2/11/2019	143001912 Illinois Bell Telephone Company 1899020013 cougar-Wiegmann Applicant Name:CENTRAL COMM HIGH SCH DIST 71;SLD Invoice Number:2907333;BEAR Letter Date:02/11/2019;Line Item Detail Number:9482169;Amount Requested:0.00;Discount Amt. Billed To SLD Blank or	\$0.00 <i>refiled 2-27-19</i>

Zero;44;Billed Date Before 486 Service-Start Date;229;Billed Date Outside of
Funding Year;285;

Total Approved Disbursement

\$7,978.64

Total Actual Disbursement:

\$7,978.64

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or
CustomerSupport@usac.org. You may also visit us at www.usac.org.

© 2019, Universal Service Administrative Company, All rights reserved.

Do not write in this space.

2017-2018

Approved by OMB
OMB Control No. 3060-0856
Estimated time per response: 1.0 hours

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to RA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)

FCC Form 472 Invoice #

(To be inserted by administrator) 2916019

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name

CENTRAL COMM HIGH SCH DIST 71

2. Billed Entity Number

136438

3. Service Provider Identification Number (SPIN)

143028319

Applicant FCC Form 498 ID

443011954

4. Contact Name

Lisa Wiegmann

5. Contact Telephone Number

618- 5264578 ext 268

6. Total Reimbursement Amount (total from Block 2, Column 14)

\$900.00

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name CENTRAL COMM HIGH SCH DIST 71 Billed Entity Number 136438
 Contact Name Lisa Wiegmann Contact Telephone Number 618-5264578268
 Applicant Form Identifier

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1 171042346	1799097667	MONTHLY	5/21/2018		\$611.75	60.00	\$367.05
2 171042346	1799097667	MONTHLY	6/21/2018		\$611.75	60.00	\$367.05
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$734.10

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name CENTRAL COMM HIGH SCH DIST 71

Billed Entity Number 136438

Contact Name Lisa Wiegmann

Applicant Form Identifier

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by LISA ANN WIEGMANN	16. Date 2/27/2019
17. Printed name of authorized person LISA ANN WIEGMANN	
18. Title or position of authorized person TECHNOLOGY COORDINATOR	
19. Telephone number of authorized person 618-5264578 ext 268	
20. Address of authorized person 7740 US 50, BREESE IL 62230	

2011-2018

Do not write in this space.

Universal Service for Schools and Libraries

(To be completed by schools, libraries, or consortia.)
Please read instructions before completing.

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
Only one Service Provider Identification Number (SPIN) per form.
Must be completed and signed by the Billed Entity Applicant.
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project 3060-0856, Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.
Applicant Form Identifier (Create an identifier for your own reference) FCC Form 472 Invoice # (To be inserted by administrator) 2916018

BLOCK 1: HEADER INFORMATION

Billed Entity Name		CENTRAL COMM HIGH SCH DIST 71
Billed Entity Number		136438
Service Provider Identification Number (SPIN)		143001912 ATAT
Applicant FCC Form 498 ID		443011954
Contact Name		Lisa Wiegmann
Contact Telephone Number		618- 5264578 ext 268
Total Reimbursement Amount (total from Block 2, Column 14)		\$734.10

Billed Entity Name CENTRAL COMM HIGH SCH DIST 71 Billed Entity Number 136438

Contact Name Lisa Wiegmann Contact Telephone Number 618-5264578268

Applicant Form Identifier _____

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	171042346	1799096750	MONTHLY	6/12/2018		\$1,500.00	60.00	\$900.00
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$900.00

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name CENTRAL COMM HIGH SCH DIST 71

Billed Entity Number 136438

Contact Name Lisa Wiegmann

Applicant Form Identifier _____

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by LISA ANN WIEGMANN	16. Date 2/27/2019
17. Printed name of authorized person LISA ANN WIEGMANN	
18. Title or position of authorized person TECHNOLOGY COORDINATOR	
19. Telephone number of authorized person 618-5264578 ext 268	
20. Address of authorized person 7740 US 50, BREESE IL 62230	